

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

ACCOUNTING DIVISION – REVENUE SECTION

BUS TOKEN REQUISITION PROCEDURES:

1. Complete the Bus Token Request (in duplicate):
 - a. Record the date of the request.
 - b. Record the name of the facility or division making the request.
 - c. Record the appropriate Cost Center Code.
 - d. Record total number of bus tokens requested by denomination (Example: \$.90 bus tokens).
 - e. Calculate the dollar value of the request (total number of bus tokens multiplied by the denomination).
 - f. Specify justification for request.
 - g. The primary designated custodian must sign the request.
 - h. Indicate a phone number where the primary designated custodian may be reached.
 - i. Obtain approval of the request from the Clinic Manager or Deputy Director.
 - j. Indicate the date on which the request was approved.
 - k. The Accounting Division will complete the remainder of the Bus Token Request form.

PLEASE NOTE: THE ACCOUNTING DIVISION WILL RETURN ANY INCOMPLETE OR IMPROPERLY COMPLETED BUS TOKEN REQUESTS TO THE FACILITY TO BE CORRECTED AND RESUBMITTED.

2. Only 1,000 bus tokens or a three-month supply (whichever is less) may be requested at one time.
3. Submit the Bus Token Request (in duplicate) and the original Bus Token Logs to:

Department of Mental Health
Accounting Division
550 S. Vermont Ave., 8th Floor
Los Angeles, CA 90020
4. Copies of the Bus Token Request, completed logs, and Bus Token Authorization forms should be filed in a secure location.
5. Only a messenger with written authorization, duly approved by the Clinic Manager, may pick up the requested items.
6. Upon receipt of the bus tokens from the Accounting Division, messenger should ensure that the bottom portion of the Bus Token Request form has been completed correctly. Messenger signs the request to verify receipt of the bus tokens.
7. Clinic Manager ensures that the Annual Signature Update Sheet is reviewed and submitted to the Accounting Division at least once a year or when a change in Clinic Manager, primary designated custodian, et al, occurs.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**BUS TOKEN REQUEST**

DATE: _____

TO: ACCOUNTING DIVISION

FROM: _____
(Facility Name)

COST CENTER CODE _____

Total number of bus tokens requested _____ Denomination _____

Total number of bus tokens requested _____ Denomination _____

DOLLAR VALUE \$ _____

JUSTIFICATION: _____
_____REQUESTED BY: _____ TELEPHONE # _____
(Custodian)

APPROVED BY: _____ DATE: _____

(FOR ACCOUNTING DIVISION USE ONLY)

DATE: _____

TO: _____

FROM: ACCOUNTING DIVISION

Total Number of bus tokens issued _____ Denomination _____

Total Number of bus tokens issued _____ Denomination _____

DOLLAR VALUE \$ _____

JUSTIFICATION: _____

ISSUED BY: _____ RECEIVED BY: _____

TELEPHONE # _____